

FILE
NUMBER 151

61 09945

1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
JOHANNA		SOLANGE SIERRA		OK-HEE AH'NEE	
2. Sex Female <input checked="" type="checkbox"/>	3. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5a. Birth Date	Month August	Day Year 23, 1961
6a. Place of Birth: City, Town or Rural Location Honolulu				5b. Hour / 12:37 A.M.	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital				6b. Island Oahu	
6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				7a. Usual Residence of Mother: City, Town or Rural Location Honolulu	
7b. Island Oahu				7c. County and State or Foreign Country Honolulu, Hawaii	
7d. Street Address 623 A Kunawai Lane				7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7f. Mother's Mailing Address				7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. Full Name of Father JAMES KAOHU AH'NEE			9. Race of Father Hawn-Caucasian-Chinese		
10. Age of Father 29	11. Birthplace (Island, State or Foreign Country) Honolulu, Oahu	12a. Usual Occupation Chief Reefer	12b. Kind of Business or Industry Steamship Company		
13. Full Maiden Name of Mother THERESA PUUKAWA SNIFFEN			14. Race of Mother Hawn-Caucasian-Korean		
15. Age of Mother 36	16. Birthplace (Island, State or Foreign Country) Honolulu, Oahu	17a. Type of Occupation Outside Home During Pregnancy None	17b. Date Last Worked 8		
I certify that the above stated information is true and correct to the best of my knowledge.			18a. Signature of Parent or Other Informant Theresa Sniffen Ah'Nee		
I hereby certify that this child was born alive on the date and hour stated above.			18b. Date of Signature 8-23-61		
19a. Signature of Attendant Roberto Ogami			M.D. <input checked="" type="checkbox"/> 19b. Date of Signature 8-24-61		
20. Date Accepted by Local Reg. AUG 24 1961			21. Signature of Local Registrar Ullhae		
22. Date Accepted by Reg. General AUG 24 1961			23. Evidence for Delayed Filing or Alteration		

AUG - 8 1995

I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR